

ADM-16.09, "Exposure Control Plan (Bloodborne Pathogens)," April 1, 2006

SCDC POLICY/PROCEDURE

NUMBER: ADM-16.09

TITLE: EXPOSURE CONTROL PLAN (BLOODBORNE PATHOGENS)

ISSUE DATE: April 1, 2006

RESPONSIBLE AUTHORITY: DIVISION DIRECTOR OF HEALTH SERVICES

OPERATIONS MANUAL: ADMINISTRATION

SUPERSEDES: ADM-16.09 (June 1, 2000); 1900.2-1 (July 29, 1994); SCDC Exposure Control Plan (May 1992)

RELEVANT SCDC FORMS/SUPPLIES: 16-109

ACA/CAC STANDARDS: 3-ACRS-4D-03, 3-ACRS-4D-06, 3-ACRS-4E-13, 4-4330, 4-4333, 4-4337, and 3-4365

STATE/FEDERAL STATUTES: OSHA Regulation 29 CFR 1910.1030

PURPOSE: This policy/procedure assigns responsibility for the Agency's Exposure Control Plan, employee training, use of personal protective equipment, and work practice controls that will be used to minimize employee exposure to bloodborne pathogens. It also lists actions that will be taken by the Agency when an employee has an exposure incident.

POLICY STATEMENT: The South Carolina Department of Corrections will provide training, personal protective equipment, and work practice controls to minimize employee exposure to bloodborne pathogens. The Agency will also ensure that employees who have an exposure incident are evaluated by Health Services personnel and provided with appropriate information and follow-up care. (3-ACRS-4D-02, 3-ACRS-4D-03, 3-ACRS-4D-06, 3-ACRS-4E-13, 4-4330, 4-4333, 4-4337, and 3-4365)

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SPECIFIC PROCEDURES:

1. RESPONSIBILITIES:

1.1 The Director for Health Services/Designee will:

1.1.1 ensure that the Hepatitis B vaccinations are made available to all employees/inmates who are determined to be at risk of an occupational exposure by virtue of the positions they occupy and ensure that documentation is provided for the acceptance or refusal and administration of such vaccines;

1.1.2 develop and coordinate the implementation of a post exposure plan for employees/inmates who have had an exposure incident;

1.1.3 develop guidelines and procedures for disposal of biohazardous and other regulated wastes covered by the OSHA Bloodborne Pathogen Standard; and (4-ACRS-1A-04, 4-4331)

1.1.4 provide technical assistance as needed.

1.2 The Division Director/Designee of Training will:

1.2.1 develop a lesson plan which provides training required by the OSHA Bloodborne Pathogen Standards and is reviewed annually;

1.2.2 ensure that Agency employees receive initial orientation and any additional follow-up training that is required on the Exposure Control Plan (OSHA Bloodborne Pathogen Standard);

1.2.3 provide a Training employee who is knowledgeable in the subject matter covered by the elements in the training program and be familiar with how the course topics apply to the workplace to answer questions at each training session;

1.2.4 furnish copies of the OSHA Bloodborne Pathogen Standard, the Lesson Plan, and associated materials to each institution; and

1.2.5 ensure training dates are updated in the automated personnel system for all employees as they receive training on the OSHA Bloodborne Pathogen Standard.

1.3 The Safety Program Office will:

1.3.1 maintain a "Sharp Injury Log" as mandated by OSHA 29 CFR 1904. The information, to include the employee's name, will be recorded on the "Sharp Injury Log" and maintained by the Division Director of Safety and Fire Inspections to protect the confidentiality of the injured employee. The "Sharp Injury Log" will contain at a minimum the following:

- type and brand of device used;
- area where exposure occurred; and
- explanation of how the incident occurred.

1.3.2 record the sharp injuries on the "OSHA 300 and 301 Logs";

1.3.3 provide a copy of all injuries involving medical equipment or devices to the Infections Control Coordinator, Division of Health Services within 72 hours of injury occurring.

1.3.4 provide technical assistance as necessary.

1.4 Each Warden and Division Director will ensure that all appropriate employees under his/her area/institution of responsibility receive annual training on the OSHA Bloodborne Pathogen Standard as required.

2. EXPOSURE DETERMINATION:

2.1 The following job classifications have been identified as jobs in which all employees have occupational exposure:

- Nursing Personnel;
- Medical Personnel;
- Laboratory Personnel;

- Dental Personnel;
- X-Ray Personnel; and
- Social Workers/Counselors/Psychologists.
- Correctional Officers

2.2 The following job classifications have been identified as jobs in which some employees have occupational exposure:

- All personnel who work within institutions (not otherwise identified in 2.1, above) and who have direct inmate contact; and
- All personnel who transport laboratory specimens.

2.3 The following tasks or groups of closely related tasks have been identified as tasks in which occupational exposure occurs and which are performed by employees in job classifications listed above:

2.3.1 Laboratory specimen collection:

- Venipuncture or spinal puncture,
- Fingerstick,
- Culture, dipstick, smear, biopsy collections;

2.3.2 Vaginal/Rectal exam, and post-partum care;

2.3.3 Minor surgery and related procedures;

2.3.4 Injections;

2.3.5 Starting IVs;

2.3.6 Wound management:

- Abrasions;
- Self mutilators;
- Stabbings;
- Surgical wounds;
- Decubiti.

2.3.7 Dental exam or post-dental oral exam;

2.3.8 Contact with an inmate when exposure is anticipated, such as post-mortem, or during inappropriate behavior;

2.3.9 Assisting with activities of daily living (employees and inmates);

2.3.10 Handling bloody waste;

2.3.11 Housekeeping tasks in medical areas (employees and inmates);

2.3.12 Cleaning non-disposal instruments;and/or

2.3.13 Transportation and testing of laboratory specimens

2.4 Wardens and Division Directors will ensure that all new or revised position descriptions are reviewed to determine if the employee's job is susceptible to occupational exposure. (Section 3 of this policy/procedure should be reviewed to determine what action should be taken regarding employees with occupational exposure.)

3.METHODS OF COMPLIANCE:

3.1 Training: All designated employees will receive training as required by the Continuing Law Enforcement Education (CLEE) cycle regarding the prevention and control of bloodborne pathogens.

3.1.1 New employees with reasonably anticipated exposure to bloodborne pathogens will receive training upon assignment.

3.1.2 Additional training will be provided to employees as their job duties change. This will be monitored by individual supervisors. If additional training is needed, the supervisor should contact either the Division of Health Services or the Division of Training.

3.2 Recordkeeping: The dates of the training sessions, content outline, attendees list, and presenters list will be maintained for three (3) years.

3.2.1 Departmental compliance with the training requirement will be monitored by the employee's supervisor and by the Division Director of Training.

3.3 Content: An accessible copy of the OSHA Bloodborne Pathogen Standard;

3.3.1 A general explanation of the epidemiology and symptoms of bloodborne diseases;

3.3.2 An explanation of modes of transmission of bloodborne pathogens;

3.3.3 A review of the location of the exposure control plan;

3.3.4 An explanation of the appropriate methods for recognizing procedures and other activities that may involve exposure to blood and OPIM;

3.3.5 An explanation of the use and limitations of practices that will prevent or reduce the likelihood of exposure (This includes the appropriate use of personal protective equipment and proper work practices.);

3.3.6 Information on the types, proper use, location, removal, handling, decontamination, and/or disposal of personal protective equipment; handwashing and/or use of hand gel.

3.3.7 An explanation of the rationale for selecting personal protective equipment;

3.3.8 Information on the hepatitis B vaccine, including information of its efficacy, safety measures, and the benefits of being protected against hepatitis B;

3.3.9 An explanation of the post-exposure evaluation in the event of an exposure, including reporting mechanisms, time frame for reporting, and the medical management that is available;

3.3.10 Information on the management of emergencies associated with bloodborne pathogens including persons to contact and precautions; and

3.3.11 Review of signs, labeling, and bagging procedures associated with prevention and control of bloodborne pathogens.

3.4 Work Practice Controls: All SCDC employees, regardless of occupations, will use standard precautions to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious.

3.4.1 Engineering controls will be provided and will be utilized to eliminate, minimize, and/or prevent exposure to employees during the performance of their duties.

3.4.2 Appropriate Personal Protective Equipment (PPE) will be supplied in the work area and will be utilized by all employees when performing any task that may expose them to blood or Other Potentially Infectious Materials (OPIM). PPE is required to be worn when there is an anticipated exposure to blood/potentially infectious material. Institutions will identify/designate where PPE will be located. PPE will not be worn outside the immediate work area/work situation. PPE, including gloves, gowns, laboratory coats, face shields, face masks, eye protections, foot coverings, resuscitation bags, and other items will be provided to employees, as appropriate, to prevent exposure to blood or OPIM. These items will be worn selectively, as needed for the task involved. PPE will be considered "appropriate" if it does not permit the passage of blood or OPIM through to an employee's skin, mucous membranes, or street clothes. (4-4337)

3.4.3 All areas where there is bodily contact must have handwashing facilities readily available. If sinks are not easily/quickly accessible, alcohol hand gel will be provided.

3.4.4 Eating, drinking, smoking, applying cosmetics/lip balm, and handling contact lenses will not be done in patient care/laboratory areas.

3.4.5 Specimens of blood or OPIM will be placed in color-coded, rigid, leak-proof containers for storage, transport, and/or shipping.

3.4.6 All institutions will designate the location(s) to be used for decontamination when an employee is grossly contaminated with blood/other potentially infectious material.

3.4.7 Each institution will provide clean clothes for any employee whose clothing becomes grossly soiled with blood or OPIM and for the appropriate laundering of the soiled uniforms.

3.4.8 Disposable medical instruments will be used whenever possible. Non-disposable equipment contaminated with blood/other potentially infectious material will be cleaned of obvious soil and then decontaminated/sterilized according to manufacturers instructions. Any non-disposable instruments must be approved by the Infection Control Committee prior to its purchase.

3.4.9 All procedures involving blood or OPIM will be performed in such a way as to minimize spraying, splashing, spattering, and generation of droplets of these substances.

3.4.10 Barrier equipment will be provided for use during rescue breathing and employees will be required to use such equipment (ideally an Ambu Bag).

3.4.11 All employees in patient care/laboratory areas will be monitored to ensure compliance with these guidelines.

3.4.12 The work site is to be maintained in a clean and sanitary condition. All environmental and work surfaces will be properly cleaned and disinfected on a regular schedule and after contamination with blood or OPIM. Appropriate personal protective equipment (e.g., gloves) will be worn to clean and disinfect blood and OPIM spills. Cleaning, disinfection, and sterilization of equipment will be performed, as appropriate, after contamination with blood and OPIM. (4-ACRS-1A-04, 4-4333, 4-4337)

3.4.13 Food and drink will not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or OPIM are present.

3.4.14 Corrective action may be taken pursuant to SCDC Policy/Procedure ADM-11.04, "Employee Corrective Action," for noncompliance with OSHA Regulation 29 CFR 1910.1030, "Bloodborne Pathogens," and this procedure.

3.5 Special Areas: Biohazardous Waste Biohazardous waste will be handled in accordance with South Carolina Department of Health (SCDHEC) Regulations 61-105 Form, "South Carolina Infectious Waste Management", effective June 28, 2002.

3.5.1 Dental Area; (See Dental Procedure Manual located in the Division of Health Services Central Office, Office of the Dental Director, and all institutional dental clinics.)

3.5.2 Laboratory. (See Laboratory Safety Manual located in the Division of Health Services Central Office, Office of the Laboratory Supervisor, and all accredited laboratories.)

3.6 Contaminated Sharps:

3.6.1 Impervious, rigid, leak-proof containers will be available in all areas where needles/sharps are used. Each container will have the international sign for Biohazardous waste and will be secured.

3.6.2 Containers will be filled to no more than 3/4 full.

3.6.3 Once 3/4 full, the provided cap will be placed over the opening.

3.6.4 Needles will not be bent, broken/cut, removed from syringe, and/or recapped. All needles/sharp devices with safety devices will have safety device engaged prior to disposing.

3.6.5 Immediately after use, a syringe with needle attached will be placed into the impervious container provided by Health Services. The container will be in the room where the needle/syringe is used.

3.7 Disinfection and Sterilization Procedures:

3.7.1 Blood Spills: All blood and OPIM spills must be decontaminated with a 10% dilution of household bleach.

3.7.2 Disinfection and Cleaning: Work surfaces, biosafety cabinets, and other laboratory equipment may be cleaned and disinfected with a 10% dilution of household bleach. Other EPA approved disinfectants may be used if they are labeled "tuberculocidal."

- Surfaces contaminated with blood or OPIM should be cleaned using a 10% dilution of chlorine bleach solution that is prepared daily. The contaminated area should be flooded with the bleach solution and then cleaned up using paper towels.

- Ten (10) minutes of the exposure is required for disinfection. Appropriate PPE should be worn during the clean-up procedures. Chlorine bleach can corrode metal; therefore, metal items treated with chlorine should be rinsed thoroughly. Other high-level disinfectants (i.e., 2% glutaraldehyde) may be used after consultation with the Health Services Infection Control Coordinator.

(NOTE: If there are questions about a specific item or about the efficiency of a specific disinfectant, the Health Services Infection Control Coordinator should be contacted for assistance.)

3.7.3 Sterilization: Objects to be sterilized should first be thoroughly cleaned to remove blood, tissue, and other residue.

4. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP:

4.1 Vaccine: All employees who have potential for exposure to Hepatitis B will be offered the Hepatitis B Vaccine at the time of employment. Employees who decline the Hepatitis B Vaccine may at any time thereafter elect to receive the vaccine.

4.1.1 The Hepatitis B Vaccine is given under the supervision of the Medical Director and will be administered by a licensed Health Care Provider.

4.2 Post Exposure Evaluation and Follow-up:

4.2.1 All employees who have an incident of occupational exposure to blood/other potentially infectious material will report to Health Services personnel for the initial evaluation and assistance.

(4-ACRS-4C-09, 3-4365)

5. EXPOSURE CONTROL LESSON PLAN:

5.1 The Division of Training will develop an Exposure Control Lesson Plan that includes the following information:

5.1.1 General epidemiology and symptoms of bloodborne diseases (including modes of transmission);

5.1.2 Explanation of Health Services Exposure Control Plan;

5.1.3 An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

5.1.4 An explanation of the use and limitations of methods that will prevent or reduce exposure including use of appropriate equipment, procedures, and PPE;

5.1.5 An explanation on how to select appropriate PPE;

5.1.6 Information on Hepatitis B Vaccine, including its efficacy, safety, method of administration, and the benefits of being vaccinated;

5.1.7 Information on how to access the Hepatitis B Vaccine after an initial refusal;

5.1.8 Offering the vaccine and vaccination free of charge;

- 5.1.9 Information on what to do and whom to contact when there is an incident involving blood or OPIM;
- 5.1.10 An explanation of the post-exposure procedure, including required reporting and documentation, as well as the medical follow-up that is available;
- 5.1.11 Information on post-exposure evaluation;
- 5.1.12 An explanation of the signs and labels and/or color coding required in the Biohazardous communication section of this regulation;
- 5.1.13 Time for interactive questions and answers with the person conducting the training session; and
- 5.1.14 Additional information contained in Section 3.3, "Training Content."

6.RECORD KEEPING:

6.1 Automated training records will be maintained by the Division of Training and will include the following information on training provided for the Exposure Control Plan:

- 6.1.1 dates of training session;
- 6.1.2 contents or a summary of the training session (lesson plan outline and objectives);
- 6.1.3 names and qualifications of persons conducting the training; and
- 6.1.4 names and job titles of all persons attending. (-ACRS-4C-09, 3-4365)

6.2 The Division Director of Training will ensure that:

- 6.2.1 records are maintained for three (3) years from the date of training;
- 6.2.2 the SCDC will make available any record upon request to the Assistant Secretary and the Director of OSHA;
- 6.2.3 training records are provided upon request for examination and copying to employees, to authorized employee representatives, to the SCDC Director, and to the Assistant Secretary and the Director of OSHA; and
- 6.2.4The SCDC complies with the requirements involving transfer of records set forth in 29 CFR 1910.1030.

6.3Medical Records: The Division Director of Human Resources will ensure that:

6.3.1 an accurate automated system record on employees is maintained for at least the duration of employment plus 30 years;

6.3.2 hepatitis B Vaccine records include:

hepatitis B Vaccine status (date of vaccine/refusal); and

relevant medical information on each employees ability to receive vaccine, i.e., contraindicated for medical reasons or antibody testing revealed that employee is immune.

6.3.3 a post exposure record is maintained in each employees medical record and that it includes:

a copy of results of examination, testing, and follow up;

SCDCs copy of the Health Care Professionals written opinion; and

a copy of the information provided to the Health Care Professional who evaluated the exposed employee.

7. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN:

7.1 A copy of this policy/procedure will be maintained in each Administration Operations Manual.

7.2 Copies of this policy/procedure will also be maintained in each Health Services clinic, infirmary, or other patient treatment area.

8. REVIEW AND UPDATE OF THE EXPOSURE CONTROL PLAN:

8.1 This policy/procedure will be reviewed annually as part of the Agency's policy/procedure annual review cycle.

8.2 The Division of Health Services will review and update this Exposure Control Plan whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

9. DEFINITIONS:

Blood refers to human blood, human blood components, and products made from human blood.

Bloodborne Pathogens refer to pathogenic microorganisms that are present in human blood or infectious body fluids and that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV) virus, and human immunodeficiency virus (HIV).

Clinical Laboratory refers to a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated refers to the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry refers to laundry which has been soiled with blood or with other potentially infectious materials or which may contain sharps.

Contaminated Sharps refer to any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination refers to the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls refer to controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, parenteral contact or prolonged contact with intact skin with blood or other potentially infectious materials that results from the performance of an employees duties.

Handwashing Facilities refer to a facility providing an adequate supply of running potable water, soap, and single-use towels or hot air drying machines.

Infectious Body Fluid refers to any body fluid or tissue visibly contaminated with blood, cerebrospinal fluid (CSF), pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, inflammatory exudates, and semen.

HBV refers to the hepatitis B virus.

HCV refers to the hepatitis C virus.

HIV refers to the human immunodeficiency virus.

Licensed Healthcare Professional refers to a person whose legally permitted scope of practice allows him/her to perform the activities required by Hepatitis B Vaccination and Post-Exposure Evaluation and Follow Up.

Non-Infectious Body Fluid refers to all other body fluids when not contaminated with blood including urine, sputum, tears, saliva, and feces.

Occupational Exposure refers to a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM) refer to the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Parenteral refers to piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment refers to specialized clothing or equipment (e.g., gloves, goggles, shoe covers, etc.) worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste refers to liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual refers to any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee.

Sterilize refers to using a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Standard Precautions (previously called "Universal Precautions") refer to an approach to infection control. According to the concept of Standard Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Work Practice Controls refer to controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

ORIGINAL SIGNED COPY MAINTAINED IN THE DIVISION OF POLICY DEVELOPMENT.

ATTACHMENT 1

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Health Services

MANAGEMENT OF OCCUPATIONAL EXPOSURE TO BLOOD BORNE DISEASES OR POTENTIALLY INFECTIOUS MATERIAL

GENERAL

Any SCDC employee who sustains parenteral or mucous membrane exposure to blood/potentially infectious material is at a small risk of acquiring a bloodborne disease. Infectious body fluid refers to any body fluid or tissue visibly contaminated with blood, cerebrospinal fluid (CSF), pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, inflammatory exudates, and semen. Any employee who has an occupational exposure to the above blood/potentially infectious material will report to Health Services personnel for initial assessment and assistance.

For the purpose of consistency, the following categories of clinical significance should be used in evaluating each exposure:

1. Definition of Exposure:

A. Massive exposure defined by:

- Injection of a large volume of blood (greater than 1 ml.).

B. Definite Parenteral Exposure:

- "Deep" Intramuscular injury with a needle contaminated with blood or infectious body fluid;

- Injection of blood or infectious body fluid;
- Laceration or similar wound produced by an instrument contaminated with blood or potentially infectious material which causes bleeding in the exposed employee;
- Any parenteral inoculation of samples of materials known to be HIV positive.

C. Heavy Mucous Membrane Exposure defined by:

- Exposure of mucous membranes such as the mouth, eyes, or nose to visible amounts of blood or blood-contaminated infectious body fluids.

D. Possible Parenteral Exposure defined by:

- Subcutaneous, superficial injury with a needle contaminated with blood or infectious body fluid;
- A wound produced by an instrument contaminated with blood or infectious body fluid which does not cause visible bleeding;
- Contamination of a prior wound (already existing) or skin lesion with blood or infectious body fluids;
- Prolonged exposure to intact skin.

E. Doubtful Parenteral Exposure defined by:

- Subcutaneous injury with a needle or device contaminated with body fluids which are not blood contaminated, or which are generally considered to be non-infectious (See below **) body fluid;
- A wound produced by an instrument contaminated with non-infectious body fluids;
- Contamination of a prior wound or skin lesion with non-infectious body fluids;
- Exposure of mucous membranes with non-infectious body fluids.

F. Non-parenteral Exposure defined by:

- Contamination of intact skin with blood or infectious body fluids.

*Infectious body fluids refer to all body fluids visibly contaminated with blood including urine, sputum, tears, saliva, and feces.

****Non-infectious body fluids refer to all other body fluids when not contaminated with blood including urine, sputum, tears, saliva, and feces.**

II. Source of the Blood or Infectious Body Fluid:

A. Is the source known to be an HIV+, an HBV carrier, and/or an HCV carrier?

B. Is the source known to be in a high risk category?

1. IV drug user;

2. Known to engage in male to male sex;

3. Known to engage in sex with multiple partners.

C. Unknown.

With consideration of the preceding information, the following guidelines should be followed when providing care to an employee who reports to Health Services personnel with an occupational exposure to blood or infectious body fluids.

Procedural Guidelines:

1. Assure that the exposure site has been appropriately cleansed and treated.

A. Parenteral - wash thoroughly with soap and water - bandage as needed.

B. Mucous membrane - flush copiously with water or normal saline.

2. Evaluate category of clinical significance of exposure:

A. Massive Exposure;

B. Definite Parenteral;

C. Heavy Mucous Membrane Exposure;

D. Possible Parenteral;

E. Doubtful Parenteral;

F. Non-parenteral.

3. Evaluate immediate knowledge of source (previous test results for HIV, HBV, HCV, or unknown):

A. HIV+;

B. IV Drug User;

C. Known to engage in male to male sex;

D. Known to engage in sex with multiple partners;

E. Source Unknown.

4. After Steps 1-3 have been completed, evaluate the information and decide which category (urgent or non-urgent referral) the exposure falls into. If unsure, discuss the situation with a SCDC physician.

A. If the exposure is massive, definite parenteral, or heavy mucous membrane from a source that is known HIV positive or known to be in a high risk category for HIV, discuss the situation with a SCDC physician. If the physician concurs with this evaluation, proceed with the following:

1) Explain urgency of need for continued evaluation at the contract site for work related injuries.

2) Provide employee written information on occupational exposure to bloodborne or potential infectious materials (Urgent referral).

3) On SCDC Form 22-1, "Accident/Incident Report," under type of injury or exposure, check the category of injury or exposure. State job task employee was engaged in when exposed. Do NOT record the source name on this form.

4) Further evaluation of the source patient will include HIV antibody test, and Hepatitis profile. Consent will be requested, but is not mandatory. The person obtaining the blood specimen will provide HIV antibody pretest counseling. Do not repeat HIV antibody test or Hepatitis profile if results are already documented as positive.

5) The exposed employee has the right to know the bloodborne pathogen status of the source person. The employee must be instructed that s/he is now bound by the restriction of confidentiality.

B. If the exposure is possible parenteral or doubtful parenteral exposure:

1) Explain to the employee the need for further evaluation within the next 24 hours at the contract site for work related injuries.

2) Provide employee written information on occupational exposure to bloodborne or potential infectious material (Non-urgent referral).

3) On SCDC Form 22-1, " Accident/Incident Report," under type of injury or exposure, check the category of injury or exposure. State job task employee was engaged in when exposed. Do NOT record the source name on this form.

4) Further evaluation of the source patient will include HIV antibody test, and Hepatitis profile. Consent will be requested, but is not mandatory. The person obtaining the blood specimen will provide HIV antibody pretest counseling. Do not repeat HIV antibody test or Hepatitis profile if results are already documented as positive.

5) The exposed employee has the right to know the bloodborne pathogen status of the source person. The employee must be instructed that they are now bound by the restriction of confidentiality.

C. If the exposure is non-parenteral exposure, explain to the employee that s/he is not at risk for a bloodborne disease.

5. As a reminder, it is the responsibility of the EHSO to key the appropriate information into the CRT within 24 hours. This will include the source patients name and SCDC number but not any test results.

ATTACHMENT 2

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Health Services

Employee Information - Urgent Referral

Post Occupational Exposure to

Bloodborne Disease or Potential Infectious Materials

Because of the significance of the occupational exposure to blood or infectious body fluid that you have experienced, please consider the following information before arriving at the medical facility designated for work-related injuries in your area:

There is a small risk that the Human Immunodeficiency Virus (HIV) may be transmitted through injuries such as yours. The Centers for Disease Control estimates that the risk of infection from a needlestick from a source that is HIV positive is about 1 in 333. The risk is less when the exposure is by way of the mucous membranes such as eyes, nose, or mouth.

The Centers for Disease Control recommends drug therapy after occupational exposure to HIV. The medications you may be offered will depend upon several factors, i.e., type of exposure, length of exposure, source material, etc. You should discuss all aspects concerning the use of these medications, their benefit, possible side-effects, and any medication or pre-existing conditions with the physician who will be providing your care at the contract medical facility. The Accident and State Fund will accept billing from your pharmacist for these medications.

There is also a risk that Hepatitis B virus may be transmitted through an injury such as yours. Please inform the physician who is providing your care if you accepted or declined the Hepatitis B vaccine offered to you at SCDC so that proper treatment may be provided to you.

Procedures you can expect at the designated health care facility are:

Describe your exposure in detail to the physician. We will give a brief written description on the Treatment Authorization Form that will include any immediate information available about the source.

You will be evaluated for previous infection of Hepatitis B and C Viruses, and HIV. You may choose to have a blood sample drawn for HIV and held for future testing. The sample will be kept up to 90 days.

You should be provided with pretest counseling as to the significance of both negative and positive HIV antibody test results.

You should be given information on modifying your behavior during the next six (6) months.

Do NOT donate blood or any blood products.

Remove any organ donor cards from your wallet, etc.

Abstain from vaginal or rectal intercourse, or use a latex condom and Nonoxyl-9 and avoid sexual practices likely to promote bleeding.

Postpone getting pregnant or impregnating someone.

Do NOT breast-feed.

•5. You should be given instructions for return appointment for test results/follow-up as determined by the treating physician.

6. You will receive from the SCDC Division of Human Resources a copy of a written report from the health care facility within 15 days after your evaluation.

The report will be limited to:

A. Recommendation for or against Hepatitis B Vaccine and if you received the vaccine.

AND

•B. That you were informed of the results of the evaluation and told of any medical condition resulting from the exposure which requires further evaluation or treatment.

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ATTACHMENT 3

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Health Services

Employee Information - Non-Urgent Referral

Possible Post Occupational Exposure to

Bloodborne Disease or Potential Infectious Materials

Because of the possibility that you have been exposed to a bloodborne disease, we are providing you the following information before you go to the designated health care facility for work related injuries.

Procedures you can expect at the designated health care facility are:

Describe your exposure in detail to the physician. We will give a brief written description on SCDC Form 22-1, "Accident/Incident Report," that will include any immediate information available about the source.

You will be evaluated for previous infection of Hepatitis B and C Virus, Syphilis, and HIV. You may choose to have a blood sample drawn for HIV and held for testing at a later time. The sample will be kept up to 90 days.

You should be provided with pretest counseling as to the significance of both negative and positive HIV antibody test results.

You may want to ask questions concerning blood donations, safe sexual practices, and pregnancy:

Do NOT donate blood or any blood products.

Remove any organ donor cards from your wallet, etc.

Abstain from vaginal or rectal intercourse, or use a latex condom and Nonoxyl-9 and avoid sexual practices likely to promote bleeding.

Postpone getting pregnant or impregnating someone.

Do NOT breast-feed.

You should be given instructions for return appointment for test results and follow-up testing as determined by the treating physician.

6. You will receive from the SCDC Division of Human Resources a copy of a written report from the health care facility within 15 days after your evaluation.

The report will be limited to:

Recommendation for or against Hepatitis B Vaccine and if you received the vaccine.

AND

B. That you were informed of the results of the evaluation and told of any medical condition resulting from the exposure which requires further evaluation or treatment.